



MaineCare
Health Care for Maine People

UPDATE

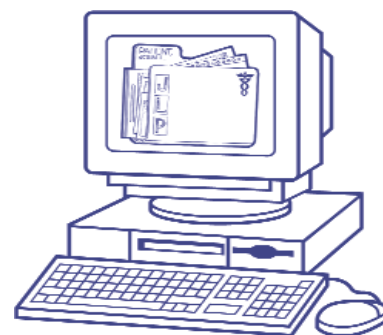
THE NEW MAINECARE SWIPE CARD

The Department of Human Services will be signing a contract in the near future with Medifax -EDI Inc. for the provision of point of service (POS) electronic eligibility verification services and the production and distribution of plastic MaineCare membership swipe cards. The plastic MaineCare membership cards will replace the current paper monthly eligibility forms. The new cards will only have to be replaced when a card is lost or damaged. Each card will have a magnetized stripe much like an ATM or debit card that will allow the card to be swiped to access member eligibility data within seconds.

You are not required to pur-

chase the POS services offered by Medifax-EDI. You will have the option of using the various POS eligibility verification applications that Medifax- EDI will be offering . You will have two other options available to you at no cost: the Voice Response system or the new MECMS (MaineCare claims management system) web-based eligibility verification tool to check on member eligibility, status of claims, etc.

The implementation date for the use of the plastic MaineCare member ID cards is tentatively set for mid-year, 2003. The Bureau of Medical Services and Medifax-EDI will be presenting regional informational work-



shops on the swipe cards and the POS electronic eligibility verification applications during the late fall. Bureau of Medical Services staff will also be in attendance to answer your questions. We will be keep you updated on the status of the project and the schedule for the workshops.

ADULT IMMUNIZATION SURVEY

It is again the time of year to begin to think about immunizing our older and at risk populations for influenza and pneumonia. As in the past three years there will be a survey sent out to all the long-term care facilities that are licensed by the state of Maine. It will be in the same format as last year, asking for the same information on the immunization status of the long-term care residents that are MaineCare beneficiaries. The immunizations that we are interested in are influenza and pneumonia vaccines.

As a reminder, the long-term care facilities are responsible to know the immunization status of each of their residents. If the facility is unable to

discover the pneumonia status of a resident then the CDC recommends to reimmunize the resident. For more information see the MaineCare Benefits Manual Chap. II Section 67.05-20. If you do not have a copy of the manual, it can be found on our web site at:

www.state.me.us/sos/cec/rcn/apa/10/ch101.htm

If there are questions about the manual it can be found on the Department of Human Services web site under "publications".

The survey has been mailed and must be returned by December 31, 2002. In advance thank you for the care that is given to the MaineCare residents.

MAINE DEPARTMENT OF HUMAN SERVICES

Kevin W. Concannon, Commissioner • Bureau of Medical Services • Quality Improvement Division
11 State House Station, Augusta, Maine 04333 • 800-566-3818 • TTY/TDD 800-423-4331

To receive this newsletter by mail, contact Health Care Management at 207-287-8820

MAINECARE MANAGED CARE MEMBERS AUGUST 2002



- MaineCare Eligible
217,851

- Managed Care Eligible
(TANF and TANF Related)
120,126 (55%)

- Managed Care Enrollment
112,766 (94%)

MAINECARE MANAGED CARE

Referral Form:

The PCP's telephone number is not currently required on the referral forms but would be helpful to the staff. We ask that you add your site telephone number after your site name at the bottom of the form for specialists to be able to contact you more directly when they have questions or need to follow-up with your office about your patient care.

As a reminder, these forms are supplied to PCP office staff by the Bureau of Medical Services, at no cost.

Add New PCP To Existing Managed Care Site:

We have a new one-page form that we are using to update provider information at your site. The new form has been designed to save you time when adding a new PCP to your site and to expedite processing of the form from our office. If you have a new PCP to add to your site, please contact us at the numbers below.

If you are setting up a brand new site, the MaineCare Primary Care Provider Managed Care enrollment packet of information needs to be completed. The packet of information consists of:


- Instruction on how to become a MaineCare Managed Care PCP Site
- MaineCare Managed Care Terms and Conditions
- MaineCare Managed Care Rider
- Managed Care Primary Care Provider Site Fact Sheet

Primary Care Provider Network Services
866-796-2463 (Toll Free Maine & New Hampshire), FAX 207-287-1864

Primary Care Provider Patient Panel Reports:

The week of the 1st & 15th of each month, primary care provider patient panel reports are run that reflect newly enrolled members and also members who have disenrolled from managed care due to MaineCare eligibility or a change to their primary care provider from your site to another primary care provider site. The reports are mailed to your site or contact mailing address. It is very important to review this report in order to update your files on current patients enrolled in managed care as well as updating records on patients who are no longer managed care.

Another patient panel report we run is called

Department of Human Services Health Care Management Unit 11 State House Station Augusta, ME 04333-0011 1-866-796-2463 or (207) 287-7131 Fax: (207) 287-1864 MaineCare Voice Response: 1-800-452-4694 MaineCare Inquiry: 1-800-321-5357		 State of Maine Managed Care Referral Form	
Type or print clearly all information/multiple copies			
1. PATIENT INFORMATION: (First Name Last Name) MaineCare ID# _____ Date of Birth _____ (MM/DD/YYYY) (Use MaineCare # only)			
2. REFERRAL TO: Name _____ Address _____ Telephone # _____ Appointment Date/Time _____ (MM/DD/YYYY 00:00AM/PM)			
3. TYPE OF REFERRAL: (Check all that apply) <input type="checkbox"/> Single consultation visit for opinion <input type="checkbox"/> Treatment up to _____ visits (if not specified, three visits will be authorized) <input type="checkbox"/> No diagnostic procedures <input type="checkbox"/> Single visit for treatment <input type="checkbox"/> No lab, x-ray <input type="checkbox"/> Valid for _____ months (if not specified, this referral will be valid for six months) <input type="checkbox"/> Surgery/Admit Hospital: _____ <input type="checkbox"/> Therapy: OF _____ PT _____ SP _____ <input type="checkbox"/> Other, please explain in box #4.			
4. CLINICAL INFORMATION (Prior Authorization is required for certain surgical procedures. Describe medical equipment DME and all out-of-state services - 800-331-5557 ext 72033.) Reason for referral: _____ _____ _____			
5. REFERRAL AUTHORIZATION: (Authorization # must match # of record. Authorized signatures may be wet or photographed personnel at site) Primary Care Provider/Site (Name) _____ Authorized Signature _____ Referral Number _____ Date _____ (MM/DD/YY) (HCPA1500=Block 17a/UB92=Block 11)			
This referral is not a guarantee: A. That the service is a covered MaineCare service; B. That the patient will be eligible for MaineCare at the time of service; or C. That the service has received Prior Authorization from the Department. (See note in Section 4)			
WHITE - MaineCare YELLOW - Referral Provider PINK - PCP GOLD - Patient			

the Current Panel Report. This report reflects a snapshot of patients currently enrolled to your site. This report is usually run after the 15th of the month in order to capture the bulk of patients enrolled specific to site. We are looking into combining this report with your monthly Management Fee Report (\$3.00 per patient per month) that is currently mailed as part of your billing remittance advice. The Management Fee Report is run on the 17th of each month and mailed shortly thereafter with the MaineCare Remittance Advice. We are also looking into sending you reports electronically or perhaps setting reports up where you could log into our system to not only submit claims, but to get patient panel reports on an as needed basis.

Until we can combine the two reports, get the printing and mailing of it worked out, and move into system automation, we will continue to print out the Current Panel Report on or about the 15th of the month.

We will be contacting you to the value of these reports and the frequency of use to see if perhaps some sites need reports monthly, quarterly, on an as needed basis, mailed, system access, etc.

STERILIZATION CONSENT FORM

A sterilization consent is required for any sterilization procedure provided to a MaineCare member. In order to pay for these services, Federal regulations for the completion of the form must be followed. Below are some helpful hints for completion of this form.

Sterilization Consent Form

Points to Remember:

- Applies to men and women. Individual must be at least 21 years of age at the time the consent for sterilization is obtained.
- Sterilization consent form must be the Federal approved form (copy attached).
- The form is completed at least 30 days but no more than 180 days prior to the date of the sterilization procedure.
- The individual is advised that the procedure will not be performed for at least 30 days except in the case of emergency abdominal surgery or premature delivery (see MaineCare Benefits Manual Chapter II, Section 90.05-2(B)(3)(C)(2).
- Common errors when completing the form are (1) the date signed by the member and the date signed by the person obtaining consent must be the same date and can never be changed; and (2) the facility name and address must be the full and complete mailing address e.g. Dr. Thomas Jones, 249 Western Avenue, Nowhere, ME 00000.
- A properly completed consent form must be attached to the claim form when billing Medicaid.
- A completed form is required for all sterilizations even when the member receives retroactive eligibility.

Hysterectomy Consent Form

Points to Remember:

- The hysterectomy consent form (BMS-045) meets Federal approval. Documentation submitted in lieu of the above form, which contains all required information as shown on the BMS-045 is acceptable.
- A hysterectomy is not a covered service if used as a sterilization procedure.
- A properly completed consent form must be attached to the claim form when billing MaineCare.
- Refer to Section 90.05-2(B)(4)(D) for criteria when the hysterectomy form is not required.

If you have questions about the consent forms, call the Prior Authorization Unit 800-321-5557, option 5.

PROCEDURE FOR FILING A STERILIZATION CONSENT FORM

CONSENT FORM
NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR
WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■■■■ CONSENT TO STERILIZATION ■■■■

I have asked for and received information about sterilization from _____
When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN, OR FATHER CHILDREN.

I was told about these temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____
The discomforts, risks, and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on _____
I hereby consent of my own free will to be sterilized by _____ by a method called _____ My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to _____
Representatives of the Department of Health, Education, and Welfare or _____
Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.
I have received a copy of this form.

Signature _____ Date _____
You are requested to supply the following information, but it is not required.

Sex _____ Race _____
☐ American Indian or Alaska Native ☐ Black (not of Hispanic origin)
☐ Asian or Pacific Islander ☐ Hispanic ☐ White (not of Hispanic origin)

■■■■ INTERPRETER'S STATEMENT ■■■■

If an interpreter is provided to assist the individual to be sterilized:
I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief, he/she understood this explanation.

Interpreter _____ Date _____

■■■■ STATEMENT OF PERSON OBTAINING CONSENT ■■■■

Before _____
I signed the consent form, I explained to him/her the nature of the sterilization operation _____
The fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

Signature of Person Obtaining Consent _____ Date _____
Facility _____
Address _____

■■■■ PHYSICIAN'S STATEMENT ■■■■

Shortly before I performed a sterilization operation upon _____
I explained to him/her the nature of the sterilization operation _____
The fact that it is intended to be a final and irreversible procedure and the discomforts, risks, and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on this consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) The sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check appropriate box and fill in information requested):

☐ Premature delivery
☐ Individual's expected date of delivery
☐ Emergency abdominal surgery (describe circumstances): _____

Physician _____ Date _____

Directions For Completion of Sterilization Consent Form

1. Name of doctor or clinic doing the procedure
2. The name of the procedure
3. Patient's date of birth (Patient must be over 21 at time of signing.)
4. Patient's name
5. Doctor's name
6. Name of procedure
7. Patient's signature
- 8.* Date signed (This date must match date in #15. Must be handwritten, not typed. Cannot be changed.)
9. Ethnicity designation (This is optional.)
10. Name of language
11. Interpreter's signature and date
12. Patient's name
13. Name of procedure
14. Signature of person obtaining consent (Must be handwritten, not rubber stamped.)
- 15.* Date signed (must match date in #8. Must be handwritten, not typed. Cannot be changed.)
16. Name of facility
17. Complete address of facility
18. Patient's name
- 19.* Date of surgery
20. Type of operation
21. Physician's signature
22. Date signed (Must be on or after date of surgery.)

* 8 - 15 - 19 Sterilization must be at least 30 (thirty) days after date of consent. The only exception to this is if there is a premature delivery. In this case, the appropriate box must be checked and the expected delivery date must be filled in.

BLOOD LEAD SCREENING RATES

MaineCare Lead Testing rates among FP/GPs and Pediatricians, 01/01/2001 - 12/31/2001.

Rank	Family Practice/GP	Age One	% with 1+ Test
1	Andrew S. Nicholson	10	70.0%
2	David M. Strassler	12	66.7%
3	D.L. Jeannotte	12	66.7%
4	Paul J. Davis	14	64.3%
5	Jennifer J. McConnell	10	60.0%
6	Susan Thomas	10	60.0%
7	Deborah A. Learson	12	58.3%
8	Nicole Cherbuliez	12	58.3%
9	John M. Van Summern	19	57.9%
10	A. Dorney	25	56.0%

Rank	Family Practice/GP	Age Two	% with 1+ Test
1	Cydney Mahoney	10	60.0%
2	Michael Lambke	14	42.9%
3	Gust S. Stringos	12	41.7%
4	Donald G. Brushett	41	41.5%
5	Timothy Theobald	15	33.3%
6	Deborah A. Learson	13	30.8%
7	Maile J. Roper	10	30.0%
8	Laurie C. Churchill	12	25.0%
9	James Stewart Smith	10	20.0%
10	Eric J. Caccamo	10	20.0%

Rank	Pediatricians	Age One	% with 1+ Test
1	Colette M. Sabbagh	48	79.2%
2	Lori R. Deschene	54	75.9%
3	Lila H. Monahan	92	75.0%
4	Maria S.J. Noval	12	75.0%
5	Iris Silverstein	61	73.8%
6	Donald R. Burgess	18	72.2%
7	Andrea L. Westinghouse	14	71.4%
8	John Hickey	85	70.6%
9	Melissa Burch	68	70.6%
10	Ann P. Simmons	44	70.5%

Rank	Pediatricians	Age Two	% with 1+ Test
1	Donald R. Burgess	21	76.2%
2	Kathleen Hickey	57	70.2%
3	Ann P. Simmons	38	68.4%
4	Lila H. Monahan	67	67.2%
5	John Hickey	61	63.9%
6	Iris Silverstein	42	61.9%
7	Kevin S. Flanigan	17	58.8%
8	Madonna E. Browne	16	56.3%
9	Gautam S. S. Popli	48	56.3%
10	Deborah L. Patten	16	50.0%

CASE MIX/CLASSIFICATION REVIEW UNIT

Classification refers to the medical eligibility determinations. The Classification unit is responsible for the management of the Katie Beckett (KB) MaineCare Benefit. If the parent/s, guardian or another person who is legally responsible for a child is interested in having their child evaluated for KB, they must first go the Bureau of Family Independence (BFI) office that is closest to them. There are sixteen BFI offices around the State. The BFI office evaluates and determines if the parents meet the financial eligibility, if they do not, the worker reviews the financial status of the child.

The financial eligibility is one part of three that must be met to be eligible for the KB Benefit. The other two criteria that must be met are:

The Medical Review Team determines eligibility based

on the Social Security Disability requirements.

The medical eligibility determination assessment is completed by the Gould Health Systems' Registered Nurses under contract to the Bureau of Medical Services.

There are two primary classifications (determinations) that a child meet:

Nursing Facility (NF) Services/Psychiatric (Psych) Services - The Maine Medical Assistance Manual (MMAM) Chapter II, Section 67 (NF) & Section 45 (Psych) address the criteria for NF and Psych requirements.

All KB beneficiaries must be assessed annually for continued eligibility. If you have any questions about Katie Beckett Benefits, please call (207) 287-3931.

PRIOR AUTHORIZATION FOR DURABLE MEDICAL EQUIPMENT

It is the responsibility of the prior authorization unit within the Bureau of Medical Services to process requests within 30 days of receipt of the request. In order to help the unit with this requirement please send the physicians prescription for the durable medical equipment or the supplies and a letter of medical necessity to the vendor. The vendor will forward this paperwork along with the paperwork for the



costs of the unit. If this is done with each request, the time needed to process the request will be shortened, and the beneficiary will have the needed equipment or supplies in a timely manner.



MaineCare
Health Care for Maine People

DIRECTORY

**Maine Bureau of Medical Services
Office of the Director, Administration
287-2674**

Gene Gessow, Director, Bureau of Medical Services
Chris Zukas-Lessard, Deputy Director
Jim Lewis, Assistant Director

**Division of Quality Improvement
287-1091**

Jude Walsh, Director
Laureen Biczak, D.O., Medical Director
Marilyn Dailey, Secretary

**Pharmacy Unit
1-866-796-2463**

Ed Bauer, RPh., Pharmacy Director
Paula Knight, RPh.

**Healthy Maine Prescriptions/Prior
Authorization-Dental, Medical Eye Care,
Transportation, DME-OOS/PCP Network
Services**

1-866-796-2463

Beth Ketch, Manager
Karolyn Marston, Supervisor
Jan Yorks, Supervisor
Joan Coletti, R.N., Supervisor
Mary Ann Grover, R.N., Durable Medical Equipment
Carole Walsh, R.N., Durable Medical Equipment
Marie Belanger
Wanda Besaw
Mariann Cheetham
Diane Koroski
Andrew McCormick
Shari Morse
Jennifer Neumeyer
Faye Patterson
Sheila Piper
Lucille Plummer
Tammy Sheehan
Debbie Sullivan-Alley

**Surveillance & Utilization Review Unit
624-5220**

Marc Fecteau, Manager
Bev Van Horn
Mary Carole Logan, R.N.
Agnes (Babs) Ossenfort, R.N.
Debra Barter
Edwin Donohue
Cari Philbrick
Kelly Proctor

**Classification Case Mix Unit
287-3931**

Carole Kus, R.N., Manager
Barbara Crocker
Gini Longley
Lois Bourque, R.N.
Maxima Corriveau, R.N.
Bernie Mynahan, R.N.
Lillian Phillips, R.N.
Darlene Scott-Rairdon, R.N.
Barbara Smith, R.N.

**Health Care Management Unit
287-8820**

Brenda McCormick, Manager
Kristen Cowing
Debbie Blanchette, R.N.
Joan Lancaster, R.N.
Jim Lenoard, M.S.W.
Jean Lloyd, R.N.
Audrey Savoie, R.N.
Karen Hoague-Casey
Kathy Levasseur
Jamie Pruett